4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

J. Services provided to the foster family that are not directed exclusively to the treatment of the recipient.

6. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are limited to:

A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.

B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.

C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities. It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

A. Provided pursuant to an individual treatment plan based on recipients' clinical needs;

B. Developed with assistance from recipients' families or legal representatives; and

C. Supervised by a mental health professional.

7. **Personal care services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)** and provided by school districts to children during the school day.

- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:

A. a personal care assistant does not have to meet the requirements of page 76-76a and need not be an employee of a personal care provider organizations;

B. assessments, reassessments and service updates are not required;

C. Department prior authorization is not required;

D. a physician need not review the IEP;

E. a personal care assistant is supervised by a registered nurse, public health nurse, school nurse, occupational therapist, physical therapist, or speech pathologist;

F. service limits as described in this item do not apply;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

G. PCA Choice is not an option;

H. only the following services are covered:

1) bowel and bladder care;

2) range of motion and muscle strengthening exercises;

3) transfers and ambulation;

4) turning and positioning;

5) application and maintenance of prosthetics and orthotics;

6) dressing or undressing;

7) assistance with eating, nutrition and diet activities;

8) redirection, monitoring, observation and intervention for behavior; and

9) assisting, monitoring, or prompting the recipient to complete the services in subitems 1) through 8).

- To receive personal care services, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

- School districts must secure informed consent to bill for personal care services. For the purposes of this item, "informed consent" means a written agreement, or an agreement as documented in the record, by a recipient or responsible party in accordance with Minnesota Statutes, section 13.05, subdivision 4, paragraph (d) and Minnesota Statutes, section 256B.77, subdivision 2, paragraph (p).

13.d. Rehabilitative services. (continued)

(2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

EPSDT rehabilitative services identified in an Individualized Education Plan and provided to ~~handicapped~~ children with IEPs during the school day.

Covered services include speech, language ~~pathology~~ and ~~audiology~~ hearing therapy services, ~~psychological~~ mental health services, physical and occupational therapy, ~~medical counseling and services for diagnostic and evaluation purposes, private duty nursing and personal care services,~~ assistive technology devices, and nursing services ~~which~~ that are essential and adjunctive to the above services, such as catheterization, suctioning, tube feedings, medication administration and ventilator care. The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: medical necessity, ~~physician's orders,~~ documentation, personnel qualifications, and invoicing and prior authorization requirements. ~~In order to provide private duty nursing or personal care services, the recipient or responsible party must provide written authorization in the care plan identifying the chosen provider and the daily amount of services to be used at school.~~

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.

School districts must secure informed consent to bill for each type of rehabilitative service. For the purposes of this item, "informed consent" means a written agreement, or an agreement as documented in the record, by a recipient or responsible party in accordance with Minnesota Statutes, section 13.05, subdivision 4, paragraph (d) and Minnesota Statutes, section 256B.77, subdivision 2, paragraph (p).

13.d. Rehabilitative services. (continued)

Covered services must be furnished by the following personnel:

(1) Audiologists ~~who have a current certification of clinical competence from the American Speech-Language-Hearing Association or have completed the academic program and are acquiring supervised work experience to qualify for the certificate,~~ meeting the requirements in 42 CFR Part 440.110.

(2) Occupational therapists ~~who are currently certified~~ registered ~~by the American Occupational Therapy Certification Board,~~ meeting the requirements in 42 CFR Part 440.110.

(3) Physical therapists ~~who have graduated from a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent. Physical therapists must meet state licensure requirements when they are developed.~~ meeting the requirements in 42 CFR Part 440.110.

(4) Speech-language pathologists ~~who~~:

(a) meeting the requirements in 42 CFR Part 440.110;

(b) who hold a masters degree in speech-language pathology; and

(c) who are licensed by the state as educational speech-language pathologists~~; and~~ .

(5) Mental health professionals who have a current Minnesota license as a licensed psychologist, psychiatrist, licensed independent clinical social worker, ~~a~~ registered nurse with a master's degree and certificate from the American Nurses Association as a clinical specialist in psychiatric nursing or mental health; licensed psychological practitioner; or a licensed marriage or family ~~counselor in a community mental health center. Licensed marriage and family counselors are subject to the limitations in item 6.d.A.;~~ therapist with at least two years of post-master's supervised experience.

13.d. Rehabilitative services. (continued)

(6) Mental health practitioners practicing under the supervision of mental health professionals who:

(a) hold a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and:

(i) have at least 2,000 hours of supervised experience in the delivery of mental health services to children; or

(ii) are fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, complete 40 hours of training in the delivery of services to children, and receive clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;

(b) have at least 6,000 hours of supervised experience in the delivery of mental health services to children;

(c) are graduate students in one of the behavioral sciences or related fields and are formally assigned by an accredited college or university to an agency or facility for clinical training; or

(d) hold a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and have less than 4,000 hours post-master's experience in the treatment of emotional disturbance.

Mental health practitioners cannot provide psychological testing or diagnostic assessments.

(7) Physicians who have a current Minnesota license as a physician~~,~~ .

~~(7)~~(8) Registered nurses and licensed practical nurses who have a current Minnesota license as ~~a~~ registered ~~nurse~~ nurses or practical ~~nurse~~ nurses~~, or~~ .

24.a. Transportation and other services to assure access to covered services: (continued)

- To be eligible for the medical assistance payment rate as a life support transportation, the life support transportation must comply with the following:

  1) The provider must be licensed under Minnesota Statutes, §§144.802 and 144.804.

  2) The recipient's transportation must be in response a 911 emergency call, police or fire department, or an emergency call received by the provider.

  3) The medical necessity of the service must be documented by the state report required under Minnesota Statutes, §144.807.

  4) Life support transportation that responds to a medical emergency is eligible for payment for no load transportation only if the life support transportation provided medically necessary treatment to the recipient at the pick-up point of the recipient. The payment is limited to charges for transportation to the point of pick-up and for ancillary services.

- Special transportation is a covered service if the provider receives and maintains a current order by the recipient's attending physician, physician assistant, nurse practitioner, or clinical nurse specialist certifying that the recipient has a physical or mental impairment that would prohibit the recipient from safely accessing and using a bus, taxi, other commercial transportation, or private automobile. This requirement does not apply in the case of transportation of a child receiving EPSDT rehabilitative, or personal care services identified in an Individualized Education Plan.

  Such a recipient must not require life support transportation.

4.b. Early and periodic screening, diagnosis, and treatment services:

EPSDT services are paid the lower of:

(1) submitted charge; or
(2) 75th percentile of all screening charges submitted by providers of the service during the previous 12-month period of July 1 to June 30.

The adjustment necessary to reflect the 75th percentile is effective annually on October 1.

Skills training services for children provided as professional home-based mental health services, family community support services and therapeutic support of foster care are paid the lower of:

(1) submitted charge; or

(2) effective January 1, 2000, for X5538 and X5539: $18.35; for X5540: $9.17; for X5541: $.51.

Crisis assistance services provided as family community support services are paid the lower of:

(1) submitted charge; or
(2) $22.09.

Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility is based on the daily rate negotiated by the county. The county will pay the residential facility the full negotiated rate and certify to the Department that the rate paid represents expenditures eligible for the matching Federal medical assistance percentage. The county is responsible for the nonfederal share.

The Department, using the rate methodology below, determines the medical assistance percentage of the per day negotiated rate and submits a claim to HCFA. The Department returns to the county the Federal medical assistance percentage.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Rate Methodology

The negotiated daily rate paid to a children's residential treatment facility is the same for medical assistance-eligible and non medical assistance-eligible individuals.

Beginning July 1, 2000, the allowable medical assistance daily rate is determined using a statistically valid random day log time study containing various activity categories and an annual facility cost report.

The time study of facility staff determines the percent of time spent by direct service staff on various specific activity categories constituting allowable and unallowable rehabilitative activities.

The annual cost report from each facility provides a breakdown of facility costs into the same activity categories utilized in the time study and a breakdown of allowable and unallowable medical assistance costs. The results of the time study determine the amount of salary and fringe benefit costs for direct service staff that are charged to each activity category. Direct costs are those costs attributable to a specific activity and, therefore, are charged directly to that time study activity category. Salary, fringe and direct costs are totaled for each category and then indirect costs are allocated to each category based on the proportion of each category to the total of all facility costs. The proportion of allowable medical assistance costs to total facility costs establishes the percentage of the daily rate eligible for medical assistance payment.

Rate Formula:

The medical assistance payment is the computed medical assistance percentage of the daily rate multiplied by the total facility daily rate.

13.d. Rehabilitative services.

Rehabilitative services are paid using the same methodology in item 5.a., Physicians' services, except as listed below.

- Physical therapy assistants are paid using the same methodology as item 11.a., Physical therapy.

- Occupational therapy assistants are paid using the same methodology as item 11.b., Occupational therapy.

- Payment for mental health services is made in accordance with the methodology set forth elsewhere in this Attachment for the provider type enrolled to provide the service.

- Payment for EPSDT ~~IFSP/IEP~~ services identified in IFSPs/IEPs and provided by school districts to children with IFSPs/IEPs during the school day is pursuant to a cost-based, per child encounter rate.

INTERIM ~~AND FINAL~~ RATE METHODOLOGY FROM JULY 1, 2000 THROUGH JUNE 30, ~~2001~~ 2002

From July 1, 2000, through June 30, ~~2001~~ 2002, interim rates will be developed for each school district, for each provider type within that school district. The rates will be based upon a two-month survey of school-based providers of IFSP/IEP services and audited cost data (salary plus fringe benefits).

A child count will be collected from each IFSP/IEP provider. The child count includes the number of children served by each provider type participating in that school district.

Interim Rate Formula: Cost per school district, per provider type, divided by the child count for that provider type.

13.d. Rehabilitative services. (continued)

INTERIM ~~AND FINAL~~ RATE METHODOLOGY ~~BEGINNING~~ EFFECTIVE JULY 1, ~~2001~~ 2002

School districts are paid interim rates using cost-based, per child encounter rates using data collected during the previous year.

Interim Rate Formula: The interim rate formula is the ~~formula used during the interim rate year~~ same as the final rate formula effective July 1, 2000. The rate will be reviewed and updated annually, using the most current available data. ~~The cost settle-up is the same methodology provided above for the first year.~~

FINAL RATE METHODOLOGY EFFECTIVE JULY 1, 2000

At the end of the interim rate year, the Department will settle up with school districts using actual ~~costs~~ data reported ~~during~~ for the payment year.

Final Rate Formula: The final rate is derived by dividing salaries plus fringe benefits by total employment hours. This result is multiplied by medical assistance direct service hours, then divided by medical assistance encounters.

24.a. Transportation. (continued)

Payment for **air ambulance transportation** is consistent with the level of medically necessary services provided during the recipient's transportation and is the lower of:

(1) submitted charge; or
(2) the 50th percentile of Medicare's prevailing charge for 1982, plus a 10.725% increase over the base rate.

Effective July 1, 1999 this rate is increased 5%.

Payment for air ambulance transportation of a recipient not having a life threatening condition is at the level of medically necessary services which would have been otherwise provided to the recipient at rates specified for other transportation services, above.

Payment for **special transportation for a child receiving EPSDT rehabilitative, or personal care services identified on an IFSP or IEP** and provided by a school district during the day is determined by multiplying the number of miles the child is transported to or from a provider of rehabilitative services by the per mile rate of $2.21.